



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Minority Health and Health Disparities (MHHD)  
Director: Carlessia A. Hussein, R.N., Dr. P.H.

Phone: 410-767-7117 – Fax: 410-333-5100  
[www.mdhealthdisparities.org](http://www.mdhealthdisparities.org) - Room 500

March 10, 2008

Dear Potential Exhibitor,

This letter is to notify your organization of exhibit table opportunities at the **Fifth Annual Health Disparities Conference "Promising Practices Across Maryland"**. This invitation is being sent to your organization because of your emphasis on eliminating minority health disparities and improving preventive health services in Maryland. The conference is taking place on **Thursday, April 24, 2008** from 8:00 am – 4:00 pm at Martins West in Baltimore, Maryland. There is no cost associated with this conference.

If your organization would like to set up an exhibit table, please complete and fax or e-mail the **attached exhibit request form**, as instructed. **We must receive your request form no later than Friday, March 28, 2008.** Due to limited exhibitor space at the venue, we can not guarantee that all interested organizations will be granted an opportunity to exhibit at the conference. By agreeing to share a space with another organization, as noted on the exhibitor registration form, more interested groups will have the opportunity to participate. You will be notified of the conference planning committee decision no later than Monday, April 7, 2008.

If chosen to be an exhibitor, **your organization will be guaranteed registration for two (2) exhibitor representatives.** These two individuals will be automatically registered for the conference. Any additional individuals who would like to attend with the exhibit **must register as a regular conference attendee** when conference registration opens.

If your organization is offered an exhibit table, you may set up between the hours of 6:00 a.m. and 7:30 a.m. If you have any questions, please contact Kimberly Hiner at [khiner@dhmh.state.md.us](mailto:khiner@dhmh.state.md.us). We look forward to working with your organization.

Sincerely,

*Carlessia A. Hussein*

Carlessia A. Hussein, R.N., Dr.P.H.  
Director, Minority Health and Health Disparities

Enclosure: Exhibitor request form

Cc: Kimberly Hiner

**Maryland Minority Health and Health Disparities  
5<sup>th</sup> Annual Health Disparities Conference  
"Promising Practices Across Maryland"**

**Thursday, April 24, 2008  
Martins West, Baltimore, Maryland**

**EXHIBITOR REQUEST FORM**

**Please complete this exhibitor request form and return by Friday, March 28, 2008. Your responses will aid us in choosing the most appropriate organizations to exhibit. Thank you for your time and interest!**

**Organization name:** \_\_\_\_\_

**Exhibit contact person:** \_\_\_\_\_

**Exhibit contact phone and e-mail:** \_\_\_\_\_

**List of individuals attending with exhibit who will be pre-registered (limit 2):** \_\_\_\_\_

**Brief description of your exhibit presentation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you be willing to share a table with another organization?** \_\_\_\_

**What organization (if known)** \_\_\_\_\_

\* By agreeing to share a table with another organization, you will provide the opportunity for more interested organizations to exhibit.

**Does your exhibit require electrical access?** \_\_\_\_

\* Due to a limited number of electrical outlets, access will be granted in the order of requests received.

Electricity will be provided for audiovisual (video, computer, etc.) purposes. Electricity will not be provided for lighting of exhibit.

**Information for inclusion in conference materials:**

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Brief overview of your organization:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Organizational official authorizing the exhibit: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

You will be provided with a confirmation e-mail when we have received your request. **Please e-mail this registration form to [khiner@dhhm.state.md.us](mailto:khiner@dhhm.state.md.us) or fax it to 410-333-5100 to the attention of Kimberly Hiner.**